

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

ALAMEDA COUNTY TREASURER

1221 OAK STREET

OAKLAND CA

94612

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.04099632
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	3,130,021.32
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	3,130,021.32
YTD Amount:	\$	27,137,128.23

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

ALPINE COUNTY TREASURER

PO BOX 217

MARKLEEVILLE CA 96120

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00011219
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	8,565.58
County Medical Services Program Offset	\$	1,315.00
Net Claim / Payment Amount	\$	7,250.58
YTD Amount:	\$	65,061.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

AMADOR COUNTY TREASURER

810 COURT STREET

JACKSON CA

95642

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00145397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	111,008.92
County Medical Services Program Offset	\$	62,026.40
Net Claim / Payment Amount	\$	48,982.52
YTD Amount:	\$	528,255.98

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
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BUTTE COUNTY TREASURER
25 COUNTY CENTER DR

OROVILLE CA 95965

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00938333
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	716,406.33
County Medical Services Program Offset	\$	595,059.30
Net Claim / Payment Amount	\$	121,347.03
YTD Amount:	\$	2,045,793.40

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
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CALAVERAS COUNTY TREASURER
GOVERNMENT CENTER

SAN ANDREAS CA 95249

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00149501
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	114,142.27
County Medical Services Program Offset	\$	91,395.90
Net Claim / Payment Amount	\$	22,746.37
YTD Amount:	\$	349,832.12

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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COLUSA COUNTY TREASURER

546 JAY ST

COLUSA CA

95932

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00118558
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	90,517.65
County Medical Services Program Offset	\$	79,998.80
Net Claim / Payment Amount	\$	10,518.85
YTD Amount:	\$	224,795.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
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CONTRA COSTA COUNTY TREASURER
625 COURT ST RM 102

MARTINEZ CA 94553

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.02081557
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,589,244.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,589,244.54
YTD Amount:	\$	13,778,666.79

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P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

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DEL NORTE COUNTY TREASURER

981 H ST STE 150

CRESCENT CITY CA 95531

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00140173
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	107,020.45
County Medical Services Program Offset	\$	78,135.80
Net Claim / Payment Amount	\$	28,884.65
YTD Amount:	\$	380,911.33

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EL DORADO COUNTY TREASURER

360 FAIR LANE

PLACERVILLE CA 95667

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00542726
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	414,364.98
County Medical Services Program Offset	\$	353,528.80
Net Claim / Payment Amount	\$	60,836.18
YTD Amount:	\$	1,117,823.68

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FRESNO COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.02542399
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,941,092.05
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,941,092.05
YTD Amount:	\$	16,829,164.50

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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GLENN COUNTY TREASURER
516 WEST SYCAMORE STREET

WILLOWS CA 95988

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00134475
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	102,670.10
County Medical Services Program Offset	\$	78,793.30
Net Claim / Payment Amount	\$	23,876.80
YTD Amount:	\$	338,595.85

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

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HUMBOLDT COUNTY TREASURER

825 FIFTH STREET ROOM 125

EUREKA CA

95501

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00944553
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	721,155.22
County Medical Services Program Offset	\$	688,318.20
Net Claim / Payment Amount	\$	32,837.02
YTD Amount:	\$	1,451,324.18

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IMPERIAL COUNTY TREASURER

940 WEST MAIN STREET

EL CENTRO CA 92243 2863

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00935974
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	714,605.26
County Medical Services Program Offset	\$	639,442.20
Net Claim / Payment Amount	\$	75,163.06
YTD Amount:	\$	1,719,496.21

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INYO COUNTY TREASURER

P O BOX O

INDEPENDENCE CA 93526

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00182883
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	139,629.04
County Medical Services Program Offset	\$	110,025.70
Net Claim / Payment Amount	\$	29,603.34
YTD Amount:	\$	440,396.86

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KERN COUNTY TREASURER

PO BOX 981240

SACRAMENTO CA 95798 1240

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01731626
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,322,076.30
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,322,076.30
YTD Amount:	\$	11,462,333.24

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
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KINGS COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00466499
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	356,166.56
County Medical Services Program Offset	\$	283,283.30
Net Claim / Payment Amount	\$	72,883.26
YTD Amount:	\$	1,104,963.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

LAKE COUNTY TREASURER
255 NORTH FORBES ST RM 215

LAKEPORT CA 95453

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00205164
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	156,640.33
County Medical Services Program Offset	\$	102,296.30
Net Claim / Payment Amount	\$	54,344.03
YTD Amount:	\$	641,994.79

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

LASSEN COUNTY TREASURER
COUNTY COURTHOUSE RM 103

SUSANVILLE CA 96130

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00147003
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	112,235.08
County Medical Services Program Offset	\$	68,711.30
Net Claim / Payment Amount	\$	43,523.78
YTD Amount:	\$	492,097.76

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

LOS ANGELES COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected: \$113,880,696.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,348,836.22 **County/City Ratio:** 0.32827785
County Medical Services Program Offset Ratio: 0.00000000

Gross Claim	\$	25,063,631.79
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	25,063,631.79
YTD Amount:	\$	217,300,447.91

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MADERA COUNTY TREASURER

C/O BANK OF AMERICA

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00459605
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	350,903.07
County Medical Services Program Offset	\$	288,214.70
Net Claim / Payment Amount	\$	62,688.37
YTD Amount:	\$	1,024,805.63

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MARIN COUNTY TREASURER

PO BOX 4220

CIVIC CENTER

SAN RAFAEL CA

94913

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected: \$113,880,696.73 **Percentage of collection:** 0.67042825
Gross monthly apportionment: \$76,348,836.22 **County/City Ratio:** 0.01088548
County Medical Services Program Offset Ratio: 0.10000000

Gross Claim	\$	831,093.73
County Medical Services Program Offset	\$	772,590.90
Net Claim / Payment Amount	\$	58,502.83
YTD Amount:	\$	1,797,404.48

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MARIPOSA COUNTY TREASURER

PO BOX 36

MARIPOSA CA 95338

Allocation of Vehicle License Fees-Local Realignment, Public Health

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Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00078332
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	59,805.57
County Medical Services Program Offset	\$	43,506.20
Net Claim / Payment Amount	\$	16,299.37
YTD Amount:	\$	213,967.88

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MENDOCINO COUNTY TREASURER

501 LOW GAP RD 1060

UKIAH CA

95482

Allocation of Vehicle License Fees-Local Realignment, Public Health

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More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00296651
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	226,489.59
County Medical Services Program Offset	\$	165,499.90
Net Claim / Payment Amount	\$	60,989.69
YTD Amount:	\$	805,158.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MERCED COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 981311

WEST SACRAMENTO 95798-1311

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00573510
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	437,868.21
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	437,868.21
YTD Amount:	\$	3,796,295.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MODOC COUNTY TREASURER

204 COURT ST RM 101

ALTURAS CA

96101

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00086397
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	65,963.10
County Medical Services Program Offset	\$	46,903.40
Net Claim / Payment Amount	\$	19,059.70
YTD Amount:	\$	243,568.61

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MONO COUNTY TREASURER

P O BOX 495

BRIDGEPORT CA 93517

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00123309
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	94,144.99
County Medical Services Program Offset	\$	36,930.90
Net Claim / Payment Amount	\$	57,214.09
YTD Amount:	\$	557,716.94

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

MONTEREY COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812 1406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00843637
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	644,107.03
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	644,107.03
YTD Amount:	\$	5,584,371.17

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

NAPA COUNTY TREASURER
1195 THIRD STREET ROOM 108

NAPA CA 94559 3035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00458914
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	350,375.50
County Medical Services Program Offset	\$	306,296.70
Net Claim / Payment Amount	\$	44,078.80
YTD Amount:	\$	893,659.32

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

NEVADA COUNTY TREASURER

PO BOX 128

NEVADA CITY CA 95959

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00291056
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	222,217.87
County Medical Services Program Offset	\$	186,079.30
Net Claim / Payment Amount	\$	36,138.57
YTD Amount:	\$	624,061.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

ORANGE COUNTY TREASURER

PO BOX 981024

WEST SACRAMENTO CA 95798 1024

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.05520312
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,214,693.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,214,693.97
YTD Amount:	\$	36,541,179.44

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

PLACER COUNTY TREASURER
2976 RICHARDSON DRIVE

AUBURN CA 95603

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00358833
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	273,964.82
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	273,964.82
YTD Amount:	\$	2,375,255.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

PLUMAS COUNTY TREASURER

PO BOX 176

QUINCY CA

95971

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00123396
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	94,211.41
County Medical Services Program Offset	\$	90,519.20
Net Claim / Payment Amount	\$	3,692.21
YTD Amount:	\$	186,015.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

RIVERSIDE COUNTY TREASURER

C/O UNION BANK OF CA ST GOV

PO BOX 4035

SACRAMENTO CA 95812 4035

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.03234151
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,469,236.65
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,469,236.65
YTD Amount:	\$	21,408,153.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SACRAMENTO COUNTY TREASURER

PO BOX 980264

WEST SACRAMENTO CA 95798 0264

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.03348594
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,556,612.55
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,556,612.55
YTD Amount:	\$	22,165,702.09

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN BENITO COUNTY TREASURER

COURTHOUSE
440 FIFTH ST RM 107
HOLLISTER CA

95023

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00176123
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	134,467.86
County Medical Services Program Offset	\$	108,601.10
Net Claim / Payment Amount	\$	25,866.76
YTD Amount:	\$	405,624.37

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN BERNARDINO COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.03592459
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,742,800.64
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,742,800.64
YTD Amount:	\$	23,779,940.96

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN DIEGO COUNTY TREASURER

PO BOX 980304

WEST SACRAMENTO 95798 0304

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.06138058
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,686,335.85
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,686,335.85
YTD Amount:	\$	40,630,300.26

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN FRANCISCO COUNTY TREASURER

PO BOX 2920

SACRAMENTO

95814-2920

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.06260937
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	4,780,152.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	4,780,152.54
YTD Amount:	\$	41,443,687.00

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN JOAQUIN COUNTY TREASURER

PO BOX 981355

WEST SACRAMENTO CA 95798 1355

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01414136
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,079,676.38
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,079,676.38
YTD Amount:	\$	9,360,745.02

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN LUIS OBISPO COUNTY TREASURER
PO BOX 1149

SAN LUIS OBISPO CA 93406

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00470869
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	359,503.00
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	359,503.00
YTD Amount:	\$	3,116,878.78

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SAN MATEO COUNTY TREASURER

C/O UNION BANK ST GOVT DEPT

PO BOX 4035

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01453003
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,109,350.88
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,109,350.88
YTD Amount:	\$	9,618,016.29

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SANTA BARBARA COUNTY TREASURER
PO BOX 579

SANTA BARBARA CA 93102

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00867979
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	662,691.87
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	662,691.87
YTD Amount:	\$	5,745,505.13

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SANTA CLARA COUNTY TREASURER

PO BOX 1406

SACRAMENTO CA 95812

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.03493359
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	2,667,138.94
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	2,667,138.94
YTD Amount:	\$	23,123,966.21

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SANTA CRUZ COUNTY TREASURER
PO BOX 1817

SANTA CRUZ CA 95061

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00588652
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	449,428.95
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	449,428.95
YTD Amount:	\$	3,896,526.39

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SHASTA COUNTY TREASURER

PO BOX 1859

SACRAMENTO CA 95812 1859

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00804393
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	614,144.69
County Medical Services Program Offset	\$	536,101.30
Net Claim / Payment Amount	\$	78,043.39
YTD Amount:	\$	1,571,896.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SIERRA COUNTY TREASURER

PO BOX 376

DOWNIEVILLE CA 95936 0376

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00028606
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	21,840.35
County Medical Services Program Offset	\$	13,588.80
Net Claim / Payment Amount	\$	8,251.55
YTD Amount:	\$	94,234.07

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SISKIYOU COUNTY TREASURER

311 FOURTH ST RM 104

YREKA CA

96097

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00227385
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	173,605.80
County Medical Services Program Offset	\$	137,203.40
Net Claim / Payment Amount	\$	36,402.40
YTD Amount:	\$	544,724.62

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SOLANO COUNTY TREASURER TAX COLLECTOR

675 TEXAS ST STE 1900

FAIRFIELD CA

94533 6337

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01146356
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	875,229.46
County Medical Services Program Offset	\$	687,112.70
Net Claim / Payment Amount	\$	188,116.76
YTD Amount:	\$	2,778,406.49

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SONOMA COUNTY TREASURER

PO BOX 1204

SACRAMENTO CA 95812 1204

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01854597
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	1,415,963.23
County Medical Services Program Offset	\$	1,318,335.90
Net Claim / Payment Amount	\$	97,627.33
YTD Amount:	\$	3,048,546.68

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

STANISLAUS COUNTY TREASURER

PO BOX 3052

MODESTO CA

95353 3052

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01149563
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	877,677.97
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	877,677.97
YTD Amount:	\$	7,609,423.83

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

SUTTER COUNTY TREASURER

PO BOX 546

YUBA CITY CA 95992

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00448589
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	342,492.48
County Medical Services Program Offset	\$	299,611.80
Net Claim / Payment Amount	\$	42,880.68
YTD Amount:	\$	872,109.97

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

TEHAMA COUNTY TREASURER

PO BOX 1150

RED BLUFF CA 96080

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00302137
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	230,678.08
County Medical Services Program Offset	\$	191,229.90
Net Claim / Payment Amount	\$	39,448.18
YTD Amount:	\$	661,353.75

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

TRINITY COUNTY TREASURER
PO BOX 1297

WEAVERVILLE CA 96093 1297

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00127824
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	97,592.14
County Medical Services Program Offset	\$	61,149.70
Net Claim / Payment Amount	\$	36,442.44
YTD Amount:	\$	418,068.53

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

TULARE COUNTY TREASURER
COUNTY CIVIC CENTER RM 103E
221 SOUTH MOONEY BL
VISALIA CA 93291

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01023677
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	781,565.48
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	781,565.48
YTD Amount:	\$	6,776,128.19

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

TUOLUMNE COUNTY TREASURER
2 SOUTH GREEN ST

SONORA CA 95370

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00234037
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	178,684.53
County Medical Services Program Offset	\$	145,532.00
Net Claim / Payment Amount	\$	33,152.53
YTD Amount:	\$	530,459.35

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

VENTURA COUNTY TREASURER

C/O WELLS FARGO BANK

PO BOX 980307

WEST SACRAMENTO CA 95798 0307

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.01356889
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	1,035,968.96
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	1,035,968.96
YTD Amount:	\$	8,981,798.74

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

YOLO COUNTY TREASURER

PO BOX 1995

WOODLAND CA

95695

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00373362
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	285,057.54
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	285,057.54
YTD Amount:	\$	2,471,434.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

YUBA COUNTY TREASURER

915 8TH ST STE 103

MARYSVILLE CA 95901 5273

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00366094
	County Medical Services Program Offset Ratio:	0.10000000	

Gross Claim	\$	279,508.51
County Medical Services Program Offset	\$	239,558.00
Net Claim / Payment Amount	\$	39,950.51
YTD Amount:	\$	746,414.34

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

BERKELEY CITY TREASURER
2081 CENTER STREET

BERKELEY CA 94704

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00123265
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	94,111.39
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	94,111.39
YTD Amount:	\$	815,936.67

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

LONG BEACH CITY TREASURER

333 W OCEAN BL

LONG BEACH CA 90802

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00559311
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	427,027.44
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	427,027.44
YTD Amount:	\$	3,702,311.54

CONTROLLER OF CALIFORNIA, STATE OF CALIFORNIA

P O BOX 942850, SACRAMENTO, CA 94250-0001

REMITTANCE ADVICE

CLAIM SCHEDULE NUMBER: 1200244A
PAYMENT ISSUE DATE: 3/27/2013

PASADENA CITY TREASURER
PO BOX 7115

PASADENA CA 91109 7215

Allocation of Vehicle License Fees-Local Realignment, Public Health

Section 17604(A) Welfare and Institutions Code. To be deposited in General Fund for Public Health

Fiscal Year: 2012-13

More information at [HTTP://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML](http://WWW.SCO.CA.GOV/ARD/LOCAL/APPORT/INDEX.SHTML)

Collection Period 2/16/2013 TO: 3/15/2013

Total amount collected:	\$113,880,696.73	Percentage of collection:	0.67042825
Gross monthly apportionment:	\$76,348,836.22	County/City Ratio:	0.00187638
	County Medical Services Program Offset Ratio:	0.00000000	

Gross Claim	\$	143,259.43
County Medical Services Program Offset	\$	0.00
Net Claim / Payment Amount	\$	143,259.43
YTD Amount:	\$	1,242,046.18